

State File No. _____

FILED SEP 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6131</u>		Registrar's No. <u>108</u>	
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Teresita</u> (Mountain View) TOWN		c. LENGTH OF STAY (In this place) <u>1 hour</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Mountain View</u> TOWN		<u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>/</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Prentice</u>		c. (Last) <u>Swaim, Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24-1952</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 4-1905</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mtn View, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J P Swaim, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Willis</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Swaim</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-10-1989</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Swaim</u>		ADDRESS <u>Mtn View, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Injury</u> ANTECEDENT CAUSES Due to (b) <u>fracture skull</u> Due to (c) <u>fall on Rock</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>E9038</u> <u>20</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>101</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) <u>Jack Fork River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Shannon Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 24-52 4P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on Rock in River</u>			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas A Skaggs M.D.</u>				23b. ADDRESS <u>Mtn View Mo</u>		23c. DATE SIGNED <u>Sept 18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn View, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-20-52</u>		REGISTRAR'S SIGNATURE <u>Mabel Kelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mtn View, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEP 22 1934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Signed Joe P. Duncan
Student Embalmer No.

Licensed Embalmer No. 4325

P. O. Address Wt View Wm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.